

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED AUG 7 1957

Registration District No. 146 Primary Registration District No. 3026 State File Number 24962 Registrar's No. 3333

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Independence</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Independence</u>			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Indep. Sanit. &amp; Hosp</u>				Length of stay in lb		d. STREET ADDRESS <u>1122 So. Hocker</u> (If outside, give location)	
3. NAME OF DECEASED (Type or print) First <u>ALBERT</u> Middle <u>CLIFTON</u> Last <u>WARR</u>				4. DATE OF DEATH Month <u>August</u> Day <u>1</u> Year <u>1957</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>April 2, 1916</u>	
9. AGE (In years last birthday) <u>41</u>		IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>		IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Self-Employed</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Lawn &amp; Landscape</u>		11. BIRTHPLACE (City and state or country) <u>Abernant, Alabama</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>							
13. FATHER'S NAME <u>Albert C. Warr</u>				14. MOTHER'S MAIDEN NAME <u>Lucie Hall</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes WW #2</u>				16. SOCIAL SECURITY NO. <u>560-14-5832</u>		17. INFORMANT Address <u>Dorothy Warr, 1122 So. Hocker, Indepl, Mo.</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Carcinoid of the jejunum with generalized metastasis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Jejunum</u> DUE TO (c) <u>Metastasis</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>152X</u>							INTERVAL BETWEEN ONSET AND DEATH <u>3 years</u>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Hour <u>8:55</u> Month <u>Aug</u> Day <u>3</u> Year <u>1957</u> a. m. <u>am</u> p. m.							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <u>Independence mo.</u>		COUNTY <u>Independence</u> STATE <u>Missouri</u>	
21. I attended the deceased from <u>June 1954</u> to <u>Aug 1 1957</u> and last saw <u>him</u> alive on <u>July 31, 1957</u> Death occurred at <u>8:55 am</u> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>E. H. Holton M.D.</u> (Degree or title)				22b. ADDRESS <u>Independence mo.</u>		22c. DATE SIGNED <u>Aug 3/57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Aug. 3, 1957</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Woodlawn Cemetery</u>		23d. LOCATION (City, town, or county) <u>Independence, Missouri</u>	
24. FUNERAL DIRECTOR ADDRESS <u>George C. Carson, Independence, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>8-3-57</u>		26. REGISTRAR'S SIGNATURE <u>James H. Tracy</u>	

AUG 6 1957

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# STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed  
by me, or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision..

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Harold E. Waackel

Licensed Embalmer No. 46

P. O. Address Indy

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.